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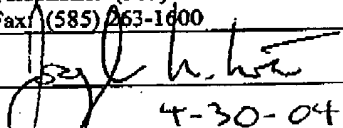
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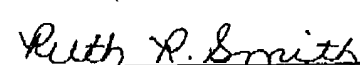
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R763555.1

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/658,006
		Filing Date	September 9, 2003
		First Named Inventor	Zhang et al.
		Group Art Unit	1723
		Examiner Name	E. Therkorn
Total Number of Pages in This Submission	7	Attorney Docket Number	200701/1126

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> A copy of the Notice to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input type="checkbox"/> A self-addressed, prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Copy of Assignment from Inventors Corso, Schultz, and Prosser to Advion BioSciences, Inc.
Remarks	<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required or credit any overpayments to Deposit Account No. 14-1138 for the above identified docket number.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Joseph M. Noto Nixon Peabody LLP Clinton Square, P.O. Box 31051 Rochester, New York 14603-1051 Telephone: (585) 263-1601 Fax: (585) 263-1600
Signature	 Registration No. 32,163
Date	4-30-04

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Date	<u>April 30, 2004</u>  Signature Ruth R. Smith Typed or printed name

FEE TRANSMITTAL FOR FY 2004

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 55)

Complete if known

Application Number 10/658,006
Filing Date September 9, 2003
First Named Inventor Zhang et al.
Examiner Name E. Therborn
Art Unit 1723
Attorney Docket No. 200701/1126

METHOD OF PAYMENT (check all that apply)

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Deposit Account Name Nixon Peabody LLP

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☒ Charge any additional fee(s)

☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 770	2001 385	Utility filing fee	
1002 340	2002 170	Design filing fee	
1003 530	2003 265	Plant filing fee	
1004 770	2004 385	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$ 0)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
20**	X	0	0
Independent Claims	3**	X	0
Multiple Dependent	X	0	0

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1202 18	2202 9	Claims in excess of 20
1201 86	2201 43	Independent claims in excess of 3
1203 290	2203 145	Multiple dependent claim, if not paid
1204 86	2204 43	** Reissue independent claims over original patent
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

**or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
1051 130	2051 65	Surcharge - late filing fee or oath
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet
1053 130	2053 130	Non-English specification
1812 2,520	2812 2,520	For filing a request for <i>ex parte</i> reexamination
1804 920*	2804 920*	Requesting publication of SIR prior to Examiner action
1805 1,840*	2805 1,840*	Requesting publication of SIR after Examiner action
1251 110	2251 55	Extension for reply within first month
1252 420	2252 210	Extension for reply within second month
1253 950	2253 475	Extension for reply within third month
1254 1,480	2254 740	Extension for reply within fourth month
1255 2,010	2255 1,005	Extension for reply within fifth month
1401 330	2401 165	Notice of Appeal
1402 330	2402 165	Filing a brief in support of an appeal
1403 290	2403 145	Request for oral hearing
1451 1,510	2451 1,510	Petition to institute a public use proceeding
1452 110	2452 55	Petition to revive - unavoidable
1453 1,330	2453 665	Petition to revive - unintentional
1501 1,330	2501 665	Utility issue fee (or reissue)
1502 480	2502 240	Design issue fee
1503 640	2503 320	Plant issue fee
1460 130	2460 130	Petitions to the Commissioner
1807 50	2807 50	Processing fee under 37 CFR 1.17(q)
1806 180	2806 180	Submission of Information Disclosure Stmt
8021 40	28021 40	Recording each patent assignment per property (times number of properties)
1809 770	2809 385	Filing a submission after final rejection (37 CFR 1.129(a))
1810 770	2810 385	For each additional invention to be examined (37 CFR 1.129(b))
1801 770	2801 385	Request for Continued Examination (RCE)
1802 900	2802 900	Request for expedited examination of a design application

Other fee (specify): Terminal Disclaimer

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 55)

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Date April 30, 2004

Signature Ruth R. Smith

Typed or printed name

55

SUBMITTED BY

Name (Print/Type) Joseph M. Noto
Signature [Signature]

Registration No. (Attorney/Agent)

32,163

Complete (if applicable)

Telephone (585) 263-1601

Date 4/30/04

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